



# Hawaii

## Wireless Interoperability Network (HiWIN)

### ID REQUEST

(Please fill out the form as completely and accurately as possible)

#### REQUESTOR INFORMATION

Last Name:		First Name:		Governmental Entity:	
Street Address:			Phone: (     )		
City:		State:		ZIP Code:	

Email:

#### RADIO INFORMATION

Make:	Model:	Quantity:	Make:	Model:	Quantity:

#### EMERGENCY ALARM

Emergency Alarm:	Dispatch entity:
<input type="checkbox"/> Enable <input type="checkbox"/> Disable	

What phone number would you like to be contacted in case of an emergency?

#### STATEMENT OF AUTHORIZATION

The Signatory of this Statement of Authorization HEREBY CERTIFIES that he/she is authorized by the above named Governmental Entity ["Entity" hereinafter] to sign this document for and on behalf of the above named Entity. Said Entity certifies that all the above information is true and correct to the best of said Entity's knowledge.

_____ <i>Signature of Agency Radio Operations Manager</i>	_____ <i>Printed Name</i>
_____ <i>Title</i>	_____ <i>Date Signed</i>

#### FOR HiWIN Management USE ONLY

Approved       Denied; Reason: \_\_\_\_\_

_____ <i>HiWIN Management Signature</i>	_____ <i>Date Signed</i>
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